

American Legion Auxiliary
Department of California
District End of Year Report for 2024-2025
Due to Department Chairman May 1, 2025

Auxiliary Emergency Fund

Dis	strict #	District Chairman _.				
Phone #		Email:				
# c	of Units with Act	tivity# of Unit	s with No Activity	# of Un	its that did not report	t
1.	Did your Distri	ict donate to the Auxilia	ry Emergency fund? Y	esNo	_ Amount \$	_
2.	. How many Units donated? Total Unit Donations? \$					
	Unit #_	Amount \$	Unit #	Amo	unt \$	
	Unit #	Amount \$	Unit #	Amount	\$	
(PI	ease make sep	parate list of all Units an	d their donations if this	is not enou	gh)	
3.	Number of Units that have a line item in the Annual Budget for AEF?					
4.	Number of units that discussed an annual increase in their AEF budget?					
5.	Did your Distri	ict hold a fundraiser for	the AEF Fund? Yes	No	Amount \$	_
6.	How many units held a fundraiser for AEF funds?					
7.	How many me					
.How many for Emergency Assistance?						
	.How many for Disaster Assistance?					
8.	How many Units actively shared about the AEF program?					
9.	. How many Units handed out AEF Brochures?					
10	. How many Un	its handed out AEF Ap	plications?			
11	. List Unit and N	Name of members who	donated \$100 or more			
	Unit #	Name of Member _			<u> </u>	
	Unit #	Name of Member _			<u> </u>	
	Unit #	Name of Member _			<u> </u>	
	Unit #	Name of Member _			<u> </u>	
	(Please lis	t on separate sheet if y	ou need more room)			

Please attach a supplemental report describing your District's success stories in working the Auxiliary Emergency Fund Program. Please include pictures on a separate sheet at the end of your report. All pictures must be submitted in either .jpg or .pdf format.

Department Auxiliary Emergency Fund Suzanne Winters 7021 Heritage Oak Court, Orangevale, CA 95662 916-768-6679 ovsuz@comcast.net